

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Muhlenburg
Vot. Prec. Rosewood
Inc. Town Countryside
City _____ (No. _____ St. _____ Ward _____)

File No. 21356Registered No. 7129

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Marian Catherine McPherson

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)

6 DATE OF BIRTH July 7 28 1912
(Month) (Day) (Year)

7 AGE 84 yrs. 1 mos. 18 ds. If LESS than 1 day... hrs. or... min.?

9 OCCUPATION
(a) Trade, profession, or particular kind of work had no occupation
(b) General nature of industry, business, or establishment in which employed (or employer) none

10 BIRTHPLACE (State or country) Illinois

PARENTS
10 NAME OF FATHER _____
11 BIRTHPLACE OF FATHER (State or country) _____
12 MAIDEN NAME OF MOTHER don't no
13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Man Nelson
(Address) Jas. 1st

15 Filed Aug 10 1912 H. Wesley Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 8 10 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 21 1908, to Aug 10 1912, that I last saw her alive on July 10 1912, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Cancer of the mouth and Stomach or Gurgreen
(Duration) 4 yrs. 1 mos. 18 ds.

Contributory metastatic
(SECONDARY) (Duration) 3 yrs. 3 mos. 3 ds.

(Signed) J. H. Smith, M. D.
Aug 10 1912 (Address) Wisney Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place _____ in the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jas. Ford Co. Ky. DATE OF BURIAL Aug 11 1912

20 UNDERTAKER H. Wesley Williams ADDRESS Wisney Ky.

WRITE PLAINLY WITH CAREFUL INK—THIS IS A PERMANENT RECORD

R. N.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEATH